Massa, Cody

From: Jillian Diehl <jdiehl@hhaexchange.com>
Sent: Friday, June 3, 2022 12:48 PM
To: solicitation.questions
Cc: David Allen
Subject: Attn: Cody Massa - response to RFI 014-21/22 MMCP
Attachments: HHAX_RFI 014-21.22 MMCP response.docx

Good afternoon—
Attached is HHAeXchange's (HHAX's) response to *RFI 014-21/22 Re-Procurement of the Statewide Medicaid Managed Care Program*. Please let us know if there are any issues opening the file, and please note that we will not be submitting a redacted version.
If possible, please verify receipt. We appreciate the opportunity to provide a response!
Thank you,

Jillian Diehl
Proposal Manager
P: (855) 400-4429
www.hhaexchange.com

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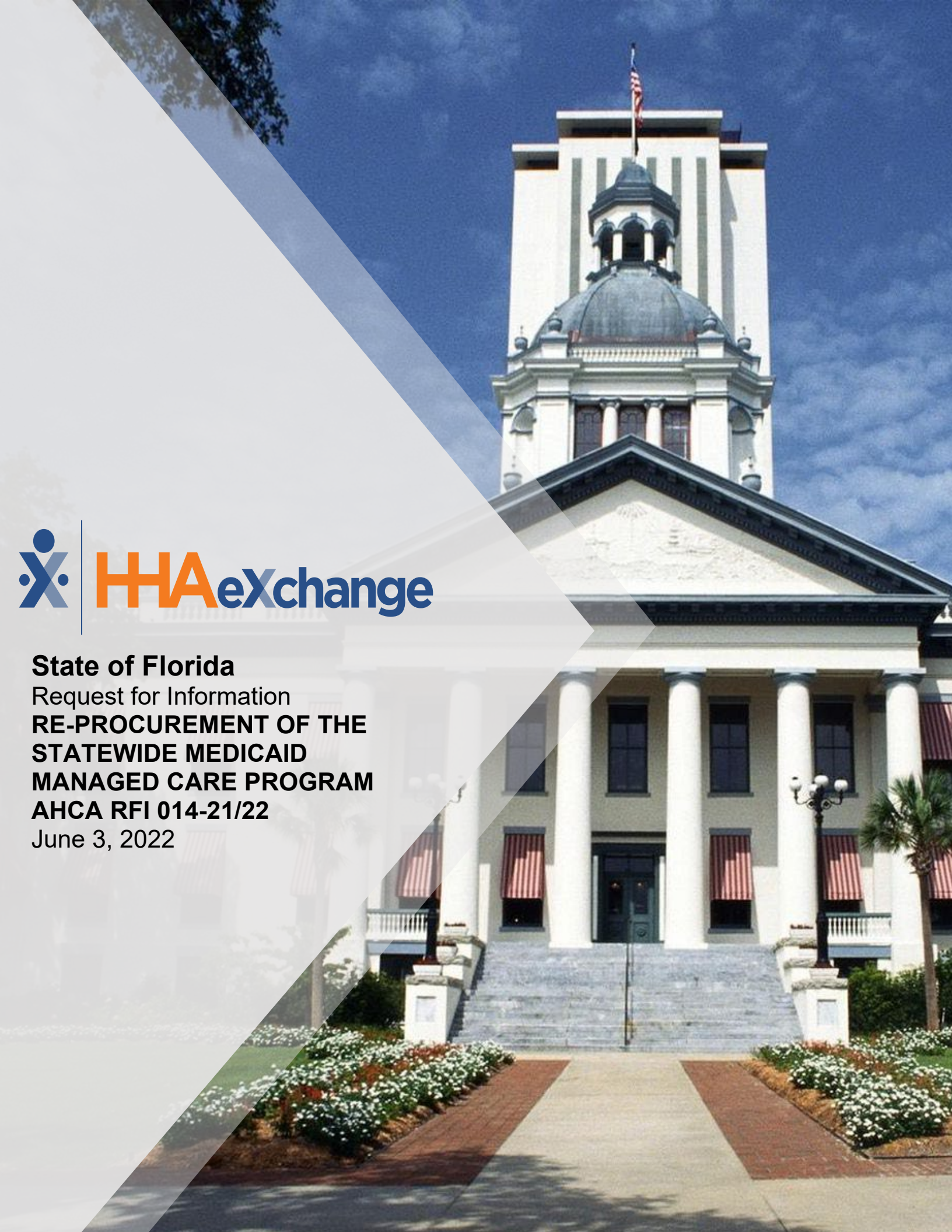

HHAeXchange

State of Florida

Request for Information

RE-PROCUREMENT OF THE STATEWIDE MEDICAID MANAGED CARE PROGRAM AHCA RFI 014-21/22

June 3, 2022

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Section II. RFI Response

A. The Respondent's name; place of business address(s); web site address, if applicable; and contact information, including representative name and alternate, with telephone number(s) and e-mail address(es).

Respondent's Name: HHAeXchange LLC (HHAX)

Place of business address(s):

Headquarters: 130 West 42nd Street, 2nd Floor, New York, NY 10036

Technology Hub: 2591 Dallas Parkway, Suite 103, Frisco, TX 75034 Dallas

Customer Support: 28 West Flagler St, Suite 802, Miami, FL 33130

Annikissam Self-Direction Hub: 38 Chauncy Street, 10th Floor Boston, MA 02111

Website address(s): www.hhaexchange.com

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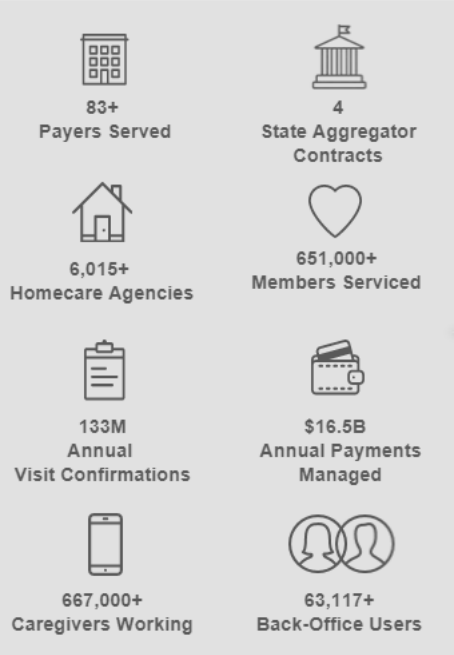
About HHAeXchange

As a leading cloud-based, healthcare Software as a Service (SaaS) vendor focused on the homecare industry, Homecare Software Solutions LLC, d/b/a HHAeXchange (HHAX), has extensive direct experience in the managed health and long-term care industries regarding best practices and innovations in business models as well as service delivery for Medicaid managed care.

HHAX is a leading cloud-based healthcare software vendor for the homecare industry focused on Long-Term Services and Support (LTSS). Our system dynamically links Medicaid agencies to their MCOs and their networked homecare providers, enabling improved communication, visit verification, increased compliance, and overall operational effectiveness. HHAX has the only vertically integrated home care SaaS platform that seamlessly connects States, Payers, Providers, and Caregivers so that better care can thrive.



HHAX Corporate Statistics. Above stats include State, MCO, Provider Agency, and Self-direction client deployments.

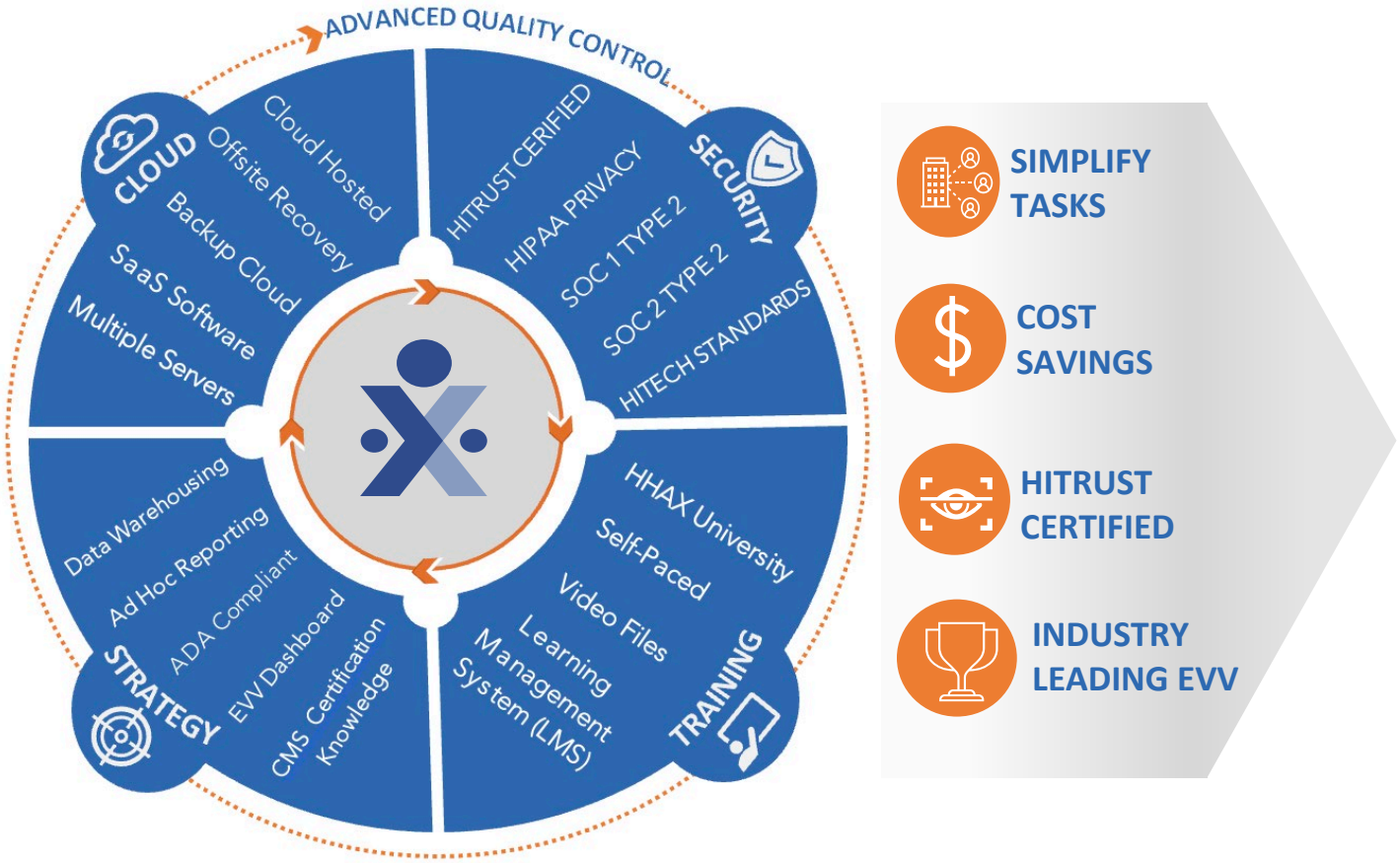
HHAX recognized a wider need in the industry (particularly in the Medicaid and private-duty homecare marketplace) for better real-time information sharing between service providers and payers to manage an individual's continuum of care efficiently. We believe that healthcare can be simple, effective, and transparent. **Our mission is to provide better outcomes for individuals who represent some of the most vulnerable and fragile members of our society.**

Although we are a technology company, we know and understand the technology and training we deliver supports providing equitable access to social/human services, programs, and resources to enhance the lives of Floridians. The Florida Agency for Health Care Administration supports diverse populations and potentially multiple levels of agency and self-directed care models. The HHAX solution was designed to serve individuals receiving services, caregivers, families, agencies, and state staff in the least burdensome manner. Our technology and solutions are purpose built with outcomes in mind. This outcomes-focused approach is critical to ensure that Floridians will not have to change how

HHAX Strengths

- **Experience** – history of success
- **Consultative Approach** – sharing best practices
- **Evolution of Care** – planning for "EVV 2.0"
- **Flexible SaaS Technology** – Continuous improvements
- **Painless Vendor Integration** – prebuilt integrations with 70+ EVV vendors
- **Business Intelligence** – real-time analytics and insights

programs serve provider agency and self-directed needs to accommodate the technology.



Experience & Qualifications

Our commitment to care and our agile ability to help our clients solve new business problems has led to partnerships with states such as Pennsylvania, Florida, New York, and the selection by New Jersey, West Virginia, Alabama, Minnesota, and a recent notice of award for Illinois as their State Open Model EVV Solutions.

- New Jersey – aggregate the EVV data for over 30,000 members across the State, including deploying free EVV tools; including: Mobile App, Telephony, and FOBs.
- West Virginia – currently deployed free EVV tools; including: Mobile App, Telephony, and FOBs. Aggregating data for over 16,000 members
- Alabama – Recently went live for over 11,000 members. Aggregating and providing free purpose built EVV tools; including: Mobile App, Telephony, and FOBs
- Minnesota – approaching go-live in Minnesota, where we will serve over 80,000 members across multiple agency and self-directed programs via aggregation and free EVV tools; including: Mobile App for agency caregivers, Mobile App for Direct Care Workers (Evvie), Telephony, or FOBs.

In addition to state aggregator clients, our typical engagements also include regional and national MCO deployments, as well as Provider Agencies and Consumer Direction. Our understanding of how all users approach EVV helps us design a collaborative, tailored approach on each engagement. For example:

- Pennsylvania – Selected by all three MCOs in the Community HealthChoices program, covering over 110,000 members and over 2,200 providers across the state with a 92% provider adoption rate. We provide EVV aggregation and submittal to the state's aggregator as well as free EVV tools, including Mobile App, Telephony, and FOBs
- Florida Agency for Health Care Administration (AHCA) – HHAX began deploying to Florida and four of the Statewide national plans (Humana, Molina, Staywell, and Sunshine Health Plan). We currently support over 36,900 active members throughout the State of Florida. Included in our offering is a free EVV portal for those providers who do not currently have an EVV offering. This portal provides 21st Century Cures Act compliance but does not include our full EVV solution for providers. The MCOs have full jurisdictional view of their providers, giving them network oversight, compliance, operational efficiency, and payment integrity. Similar to our work with the State of Pennsylvania, our Florida MCO clients saw the benefit in working together to bring the HHAX platform to their provider networks. We utilized joint communications and conference calls to plan and prepare with the MCOs to eliminate confusion, streamline deployment to providers, and focus on bringing high quality care to the state.

Our solution is aligned with the Center for Medicare & Medicaid Services (CMS) EVV Outcomes Based Certification (CMS) requirements, having compiled 100s of artifacts proactively to streamline the certification process. We supported New Jersey in successful achievement of CMS EVV Outcomes-based Certification. West Virginia passed the official Certification Review (CR) with only positive feedback from CMS. West Virginia expects to earn final certification once CMS is able to reduce their current backlog. HHAX understands the importance of the State's EVV solution and maintaining compliance with all CMS standards and requirements. **A third-party assessment found the HHAX system maintains a minimum MITA maturity of level 3, with multiple areas registering at level 4.**

> It was important to New Jersey that we implement EVV in compliance with federal requirements, and that we do so with a strong and enthusiastic stakeholder process. HHAeXchange worked hand-in-hand with us to achieve broad public support, timely implementation, and CMS certification."
>
> *– Jennifer Langer Jacobs*
> *Assistant Commissioner of Medical Assistance and Health Services in the New Jersey Department of Human Services*

HHAX was the first EVV vendor to achieve HITRUST certification, a certifiable framework that provides the structure, transparency, guidance, and cross-references needed to be certain of data protection compliance. **We have achieved HIPAA Type 2, HITECH, HITRUST, SOC1 Type II, and SOC2 Type II certifications.** Our continued and consistent recertification on all these security standards, including HITRUST, highlights our continued focus on enhancing our solution while maintaining security compliance.

Company Detail

HHAX is a Limited Liability Company (LLC), privately held, and primarily owned by our equity partners, Cressey & Company LP, invested in 2018, and Hg Capital, invested in 2021. HHAX does not have a parent company.

All HHAX employees' company-wide are dedicated to our Provider EVV and State/Payer Aggregator solutions, as they are our core offerings. Our solution is backed by nearly 700 employees offering specialized expertise that can be called upon at any point of the project timeline.

In August of 2021, it was announced that HHAX had made the Inc. 5000 list for the **7th consecutive year.** This marks a milestone, as only a mere 3.26% of companies have made the Inc. 5000 list seven times in total.

B. A description of how the Respondent's approach will offer advantages or improvements over existing processes of the SMMC Program. The description should also identify known or potential concerns with the approach.

The HHAX platform goes well beyond EVV, understanding the value of health data across the entire homecare ecosystem, including data captured in the Medicaid member's home. Our platform uniquely connects the payers to their network of providers, creating linkage between demographics, authorizations, and visit data that all help to drive improved outcomes.

HHAX approaches our solution via data integrations between systems, whether that be MMIS, Care Management, MCO Systems, or FMS provider systems. These integrations allow for batch, near real-time, or real-time data integrations, depending on the type of integration (e.g., flat file, API). From there we believe in providing the necessary tools to empower each stakeholder within the Medicaid system to manage their network, under the guidance of State policy and rules, in order to achieve overall improved member outcomes, while also understanding that different stakeholders have different business needs.

The biggest risk in our approach to network management and data capture is the stigma that these are all "big brother" type tracking mechanisms. Whether it is due to federal policies, like the 21st Century Cures Act, state policy, or stakeholder business needs, caregivers and members may have a reluctance to adopt new technology that can be perceived as invasive or intrusive. HHAX approaches this hurdle through two different but equally important approaches that focus on reducing the administrative burden and reducing provider abrasion:

1. Stakeholder engagement, thorough communication plans and methods, and comprehensive training
2. Enhanced functionality that drives adoption of our technology as well as treating stakeholders & FMS providers as part of the member's care team, not just a delivery mechanism

At the provider level, EVV is a mechanism for ensuring that care is delivered and that only verified services are billed. The HHAX approach is to enable the provider with the proper system tools to ensure they submit only clean claims, therefor reducing the likelihood of a denial, which results in faster payments. For caregivers, our tools go beyond simply confirming they are with the member by allowing them to easily check off plan of care tasks, submit notes on member status, and report on change in condition and Social Determinants of Health (SDOH) data.

HHAX has identified a few areas that the Agency had interest in where we believe our technology, expertise, and consultative approach will bring innovative ideas and best practices to Florida.

Utilize value-based payment designs to simultaneously increase quality and reduce costs

HHAX has developed a solution that benefits the member, caregivers, provider, and payers. HHAX's dedication to the homecare ecosystem goes beyond EVV solutions. As the industry trend evolves from a Fee for Service (FFS) payment model to one of Value Based Care (VBC), the Value-Based Care Measures feature incorporated into the HHAX system captures services that go beyond the normal standard.

Successful value-based payment design starts with collection of real-time data in the home of the MCOs' HCBS members. HHAX technology facilitates the capture of **risk observations and social determinants of health at the point-of-care** to initiate real-time engagement of the broader care management team. The awareness of such active risk factors creates intervention opportunities for the care management team. Targeted interventions and closure of risk factors can lead to improved scores on quality measures in value-based purchasing contractual arrangements, lower the likelihood of an adverse event, and enhance the overall consumer experience.

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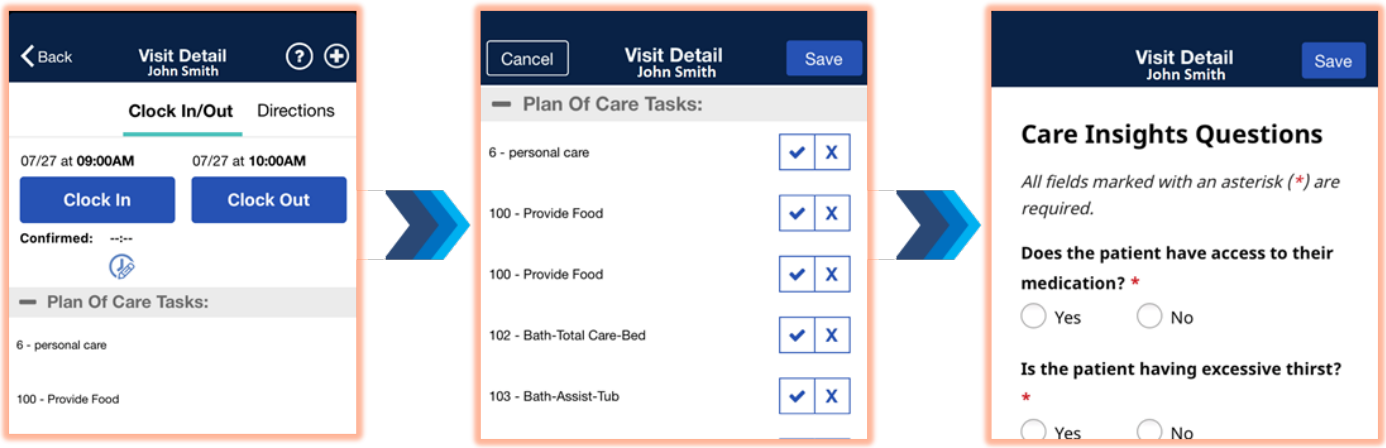
Back in 2019, HHAX set out to develop a new product offering called Care Insights. Now a fully realized solution, Care Insights is designed to leverage caregivers' frequent proximity to participants in their places of residence. The mission of Care Insights is to improve health outcomes and to help avoid adverse and costly events, such as emergency room visits, hospital admissions, and skilled nursing facility admissions for the Medicaid LTSS population.

Care Insights empowers caregivers to play a key role in participant risk detection and quality improvement. Caregivers can serve as the eyes and ears on the ground in their role on the broader care management team to make observations such as:

- Changes in mental status, physical status, behavior, pain level, etc.
- Risk factors that could increase the likelihood of an avoidable adverse event
- Early warning signs that might warrant immediate intervention by a care management professional
- Collection of social determinants of health referral information

Care Insights questions can be established by either the State, MCO, the provider, or a Care Intervention (24/7) Vendor. These questions are grouped for targeted cohorts or member populations in the Care Insights solution and are designed to be specific to member condition or diagnosis. For example, a payer, provider, or Care Intervention vendor might want to track who has been vaccinated against COVID-19 or the flu, and that could be established as a base cohort (prompted to ALL members within a population). Another cohort might be specific to diabetes patients, and those questions would only be prompted to the caregiver for those members who are enrolled in that cohort. Once established, these questions are made available for viewing and response by caregivers within the HHAX mobile app. If utilizing our plan of care duty checklist within the app, the Care Insights questions can be found immediately following the plan of care duty checklist and is designed to be nondisruptive to the caregiver's workflow. The below graphic illustrates where the questions come in the flow of the EVV process:



***Care Insights on the HHAX Mobile App**. Once the caregiver clicks clock out, they are then able to submit the Plan of Care Tasks completed during the visit. After hitting save, and if established by the*

State/MCOs, the caregiver will then have Care Insight Questions to answer before the check-out process is considered complete. These questions can also be responded to at the beginning of or throughout the visit as well.

Requiring the State's plans to collect this real-time data in the home will increase the quality of care, which in turn improves outcomes, while also reducing costs by avoiding adverse and costly events, such as emergency room visits, hospital admissions, and skilled nursing facility admissions for the Medicaid LTSS population.

Improve coordination of care for individuals enrolled in both the Medicare and Medicaid programs

HHAX partners with all payers assisting members with homecare services, including Medicaid fee for service, long-term services and supports (LTSS) plans, dual-eligible plans, non-LTSS MCOs, and other payers with populations receiving homecare.

The HHAX platform drives coordination of care and collaboration by supporting all care delivery models through connection across the homecare ecosystem for high-quality member care, maintaining compliance, managing appropriate care, and reducing unnecessary costs. HHAX's solution seamlessly connects payers and providers across the homecare ecosystem, allowing for aggregation of all visit data, regardless of the providers' EVV tools. Our web-based platform gives payers visibility into their network while providing centralized communication and information exchange, informing care coordination, and enhancing data integrity.

The HHAX solution enables greater collaboration and improves efficiencies across homecare networks by offering diverse functionality, including those summarized below:

Communication, Alerts, and Notes

The HHAX solution helps MCOs and other payers efficiently communicate with providers and internal teams.

- Capturing key visit data regardless of providers' chosen EVV tools
- Centralized communication and information exchange with providers
- Automated and customized alerts and notifications

Authorization and Case Coordination

Using HHAX, payers can effectively manage authorizations and ensure members receive appropriate care.

- Gain efficiencies through case broadcasting
- Guard against both under and over utilization
- Reduce delays with automatic authorization sent to providers

EVV Data Aggregation

With HHAX's EVV Data Aggregation capabilities, payers gain early insight into visit and caregiver compliance.

- Access late, short, and missed visit data
- Manage provider and caregiver compliance
- Use visit confirmation and management to improve health outcomes

Data Integration

HHAX allows payers to enhance data accessibility for greater insights and improved workflow automation.

- Easily integrate member, provider, and authorization data
- Push or pull data in real time or with specified trigger event
- Standardize format for consumption in other systems

Claims Accuracy, Billing and Payment Integrity

With improved efficiencies, HHAX empowers payers to pay claims with confidence.

- Customize visit monitoring for specific needs
- Ensure data integrity for claims accuracy and reporting
- Reduce denials, overpayments, and needed recoveries

Plan of Care Support

HHAX's robust functionality provides payers with the ability to drive valuable care plans for members.

- Deliver plan of care visibility across stakeholders
- Access real-time insights into member care
- Establish plan of care rules for quality compliance

Business Intelligence

In addition to compliance-centric functionality, HHAX allows payers to surface data for easy analysis by providing access to reporting that meets new industry standards and customizable capabilities.

- Make better-informed decisions regarding member care and network management
- Gather member observations to track clinical and non-clinical changes
- Access actionable data needed to confirm state and CMS compliance

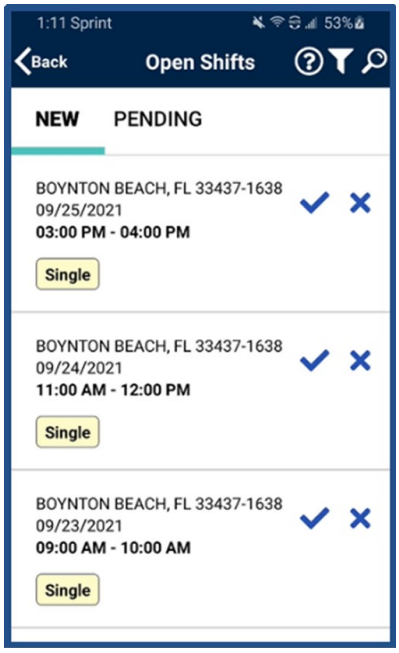
Best practices for maximizing communication and resources

HHAX has a proven and successful history of experience in managing complex technology and EVV engagements with both state Medicaid programs and MCOs, all designed to improve the quality of care, streamline workflows, protect the integrity of their programs, and maximize communication and resources.

Over time and through our experiences with other clients, we have developed a repertoire of best practices regarding communication between states, MCOs, FMS providers, and other stakeholders. These best practices include case broadcasting, broadcast messaging, the family portal, and real-time alerts.

Case Broadcasting

HHAX dynamically and uniquely connects States with their contracted network of homecare providers using a proprietary "shared software platform" not otherwise available in the market today. In addition to real-time communication between the parties, our system delivers a unique caregiver and service provider credentialing and compliance capability as well as an auto-broadcasting capability to aid in the efficient and proper placement of homecare cases across the network.



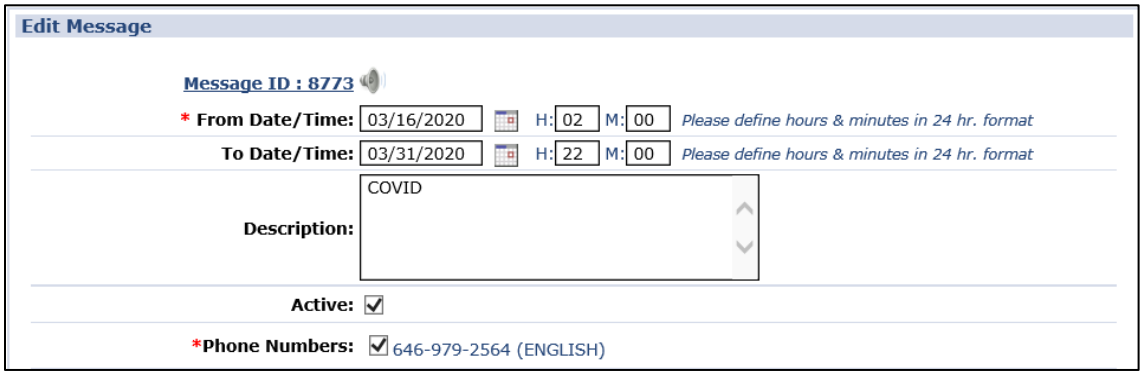
Broadcasted Shifts on Mobile App

HHAX has multiple clients who use the broadcasting functionality. These clients are able to eliminate phone calls to the provider, and can instead broadcast the case to multiple providers at one time or to the providers of their choice. This is an extremely important function to have for a difficult to staff case for a member with unique needs.

Our payer clients send these placements/broadcasts as unconfirmed placements/referrals, which means the provider has the option to accept or deny each case. However, in HHAX the payer has the option to broadcast cases as confirmed as well, which means the providers will see the member Active as they log into the system.

Broadcast Messaging

Broadcast messaging is another functionality within our system that can be utilized in multiple ways. As a standard functionality, the **MCOs will be able to utilize our broadcasting to announce any important details as they pertain to the State, Medicaid, or local and national emergencies, like COVID-19**. The below screen grab illustrates the intuitive process for posting a message across system users:



Family Portal

Our system includes a "Family Portal" for each individual that the provider agency can set up. The portal allows the provider agency to register several family members or designees as users with access to the Family Portal. HHAX can post services to the Family Portal, allowing the participant or participant's designee to review the services in advance of any payroll or billing for services, as follows:

- The Family Portal does not give authorized users any access to the application.
- Designees, such as fiduciaries, can receive access to the Family Portal of multiple participants.
- The State or its designees can issue "Announcements" that will appear on every individual's Family Portal. These universal notices can communicate important information to participants, their families, and authorized designees.
- The provider agency servicing the individual can create messages sent to a specific individual's Family Portal. All persons registered for access to that Family Portal will be able to log in and see the Wall Posts.
- Family Portal messages are private messages directed to a single person registered at an individual's Family Portal. Most often, these messages are to alert a primary worker in the home that the individual may need additional services or supplies, or to alert them to a change in condition. Messages are only viewable by the intended person.

Real-Time Alerts

Generation of real-time alerts occurs in the HHAX system whenever an expected event does not occur as scheduled in the system. For some events and/or locations, there may be an expectation that the visit will not be captured on time, such as in rural areas where our offline mode will capture the needed data, but upload it later after the visit time has passed. We are able to create workflows that will prevent alerts from occurring in these situations. A missed visit occurs when a caregiver does not record a clock-in and/or clock-out time for an expected visit or member encounter.

For prescheduled visits, our system provides real-time alerts for missed clock-ins and clock-outs based on the desired workflow. HHAX can set alerts for the State with workflows to alert the provider agency first, then the State, based on logic determined by the client. Real-time alerts appear on the HHAX system Call Dashboard. Additionally, the system delivers alerts via emails and/or text messages to the indicated persons.

The HHAX team can configure the system to generate multilevel, escalating alerts of pending, late, and missed visits to the provider, support coordination agency, and other entities as determined by the State whenever receipt of calls does not occur within the predetermined tolerance window. Alerts incorporate workflows that permit rules-based routing. This means that we can attach business rules to the workflow of alerts, allowing for condition-based escalation through multiple levels.

When we identify non-compliant activity, the system submits real-time alerts to both the caregiver and central staff (configurable) so that corrective action can immediately occur. Caregivers and providers can communicate in real-time in a common platform with central coordination staff regarding the specific needs of the member and any other actions that are necessary. Real-time communication eliminates the cumbersome and inefficient traditional methods of communication (phone, fax, text, email) and creates a historical record of all communication activity.

Performance Metrics

The HHAX platform allows the State to have **real-time visibility** into provider level EVV compliance (among other operational and performance metrics), which allows you to "drill-down" to the office, coordinator, and/or caregiver level to pinpoint exactly where you are experiencing compliance issues, leading to quick remedies. As a result, agencies using HHAX have achieved levels of **EVV compliance greater than 94%.**

However, there is more to performance metrics than monitoring compliance. User adoption is driven by ease of use, seamless integration, and functionality that eases administrative burden. To these ends, HHAX has developed additional functionality to help our State, MCO, and payer clients navigate the shifting, evolving landscape of EVV into "Enhanced EVV."

Care Insights

HHAX's Care Insights empowers caregivers to play a key role in participant risk detection and quality improvement. Caregivers can serve as the eyes and ears on the ground in their role on the broader care management team to make observations such as:

- Changes in mental status, physical status, behavior, pain level, etc.
- Risk factors that could increase the likelihood of an avoidable adverse event
- Early warning signs that might warrant immediate intervention by a care management professional
- Collection of social determinants of health (SDOH) referral information

HHAX technology facilitates the capture of **risk observations and social determinants of health at the point-of-care** to initiate real-time engagement of the broader care management team. The awareness of such active risk factors creates intervention opportunities for the care management team. Targeted interventions and closure of risk factors can lead to improved scores on quality measures in VBP contractual arrangements, lower the likelihood of an adverse event, and enhance the overall consumer experience.

Quality Insights by HHAeXchange

In many circumstances, case management assessments are costly and occur too infrequently to be effective in mitigating undetected risks like change in condition, SDOH, or other clinical risks. Delays in identification of these risks can lead to adverse outcomes like costly emergency room visits or hospital admissions, and potentially even skilled nursing facility admissions. Often, if these risks are identified early on, these adverse outcomes can be avoided. This is why a logical complimentary functionality to Care Insights is our member Quality Insights tracking.

When caregivers record patient risk, SDOH, or other health-related observations, this allows care managers and providers to view real-time actionable insights on members. It can also allow for identification of gaps in care for members. If these gaps are closed, it reduces member risks. For example, missed routine medical care can result in otherwise avoidable risk—the HHAX system provides a means of tracking and following through with routine care and other gaps to minimize undesirable outcomes for members.

The HHAX solution tracks factors such as annual dental or wellness visits, cancer screenings, vaccines, diabetes care, and other “care factors” for individual members, allowing providers and payers to identify gaps in care on a member-by-member basis that can be reported on and followed up with to close the gap and mitigate the risk. This easy-to-use, real-world tracking results in cost savings for payers and better health outcomes for members.

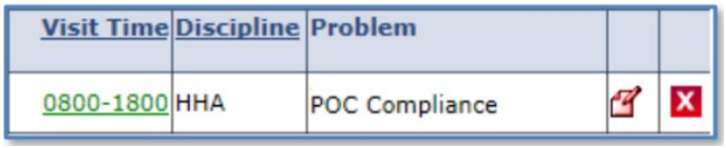
Plan of Care Compliance

HHAX’s solution works seamlessly within your existing environment. Regardless of the method of EVV, when a caregiver completes a visit, the visit is automatically associated with the schedule and authorization for the services performed.

During the daily, weekly, monthly, and yearly delivery of homecare services, HHAX provides caregivers with multiple methods (Phone, FOB, Mobile Application) of electronically recording the duration of service visits as well as the specific duties/services performed based on the

beneficiary's plan of care. Electronic collection of these service time durations and duties performed ensures production of claims that are only for the actual service time delivered in the home. Capturing of plan of care tasks and duties occurs at the time of EVV clock-out. In addition, we have the ability for workers to answer specific questions regarding the health status of the recipient and provide alerts to Medicaid.

Once a caregiver completes a visit, the POC Compliance validation checks to ensure fulfillment of the required compliance rules, specific for each contract. If recipient POC Compliance is listed in the contract rules as required, and entered on the recipient's POC, they are always required during visit clock-out. The below graphic highlights the result of a non-compliant visit due to a POC issue. If the contract requires entry of POC duties during clock-out, and the caregiver does not record them correctly, the system will hold the visit in Pre-billing until the issue is manually resolved.



POC Compliance. When required, POC compliance issues will prevent claims from submission to the MCO/State. Coordinators will need to click on the edit icon and manually enter the POC tasks completed in order to bill for the visit.

This feature will also ensure that production of claims only occurs if they are within the Authorization and all other pre-requisite services have been provided (i.e., nursing assessment, etc.). Additionally, we can configure real-time alerts into the system depending on the desire of the payer.

Improve providers' experience with the SMMC Program

With any selected EVV system, ease of use is the most effective way to ensure high adoption and minimize abrasion on providers, agencies, and members. Developed in collaboration with home health care and Medicaid stakeholders, the HHAX EVV system has been designed from day one to be least burdensome for users. Our system reduces the administrative burden on the caregiver by automating administrative processes, providing access to a member's plan of care in the mobile app, and offering flexibility to respond to the realities of everyday life so caregivers can focus on the member and providing exceptional care.

For example, HHAX understands that while a perfect scenario will not have any exceptions to the scheduled visit for a member, we know that there are times when a late or unscheduled clock-in may occur because caregivers need to provide help to the member immediately. Real-life incidents like this are still accepted within the HHAX EVV system but routed through an exceptions process that the Provider Agency can then approve. This flexibility allows the

caregiver to focus on the member and the necessary services without the distraction of onerous administrative work.

Throughout each project with every client, we demonstrate our dedication for ease of use for all users, with the end result being that the system is least disruptive to the services Medicaid members are receiving. Below is a high-level summary of the functionality in our system that has been designed to improve provider and user experience.

Reducing Burden

The HHAX Solution works to reduce the burden on members, caregivers, and Provider Agencies by offering:

- An easy exceptions process when flexibility is needed
- Multiple forms of EVV, including a caregiver mobile app, telephony/IVR, and FOBs
- A purpose built self-direction app to empower members

Works in Your Current Environment

HHAX's EVV system works seamlessly within your existing environment, only requiring internet access through either a web browser, our mobile application, or a telephone line. Each method of EVV offered by HHAX creates an **easy-to-adopt process for a caregiver to clock-in and clock-out.** Ultimately, any EVV system must be least burdensome on both the provider and caregiver, allowing the capture of the six data elements required by the Cures Act, while ensuring delivery of the highest quality of care.

Accessible System

We currently deliver our IVR services in more than 30 languages, with the additional capacity to program for other languages as required. In addition to providing communications in non-English languages, our mobile application currently supports 19 languages (with ongoing configuration of additional languages).

Multiple EVV Methods

The goal of our offering is to limit the amount of manual entry necessary to confirm visits and submit claims. Because not all circumstances are equal for every member and their caregiver, we have multiple options for compliant EVV:

EVV Through GPS

The HHAX mobile application (downloadable for free for either iPhone or Android users) can confirm GPS coordinates when providing service either in the home or in the community.

EVV Through Telephony

The HHAX system uses toll-free service, available in more than 30 languages, for telephony clock-ins and clock-outs.

Alternatives for Limited Cellular Service Areas

In areas with limited or non-existent technology infrastructure, HHAX provides two alternative fixed location tracking devices and an offline mode for use in the individual's home to provide verification coverage: Fixed Object (FOB) Device or HHAX Application Offline Mode.

Increase Timely Access to Providers and Services

HHAX developed our offering with a focus on efficiency. States, MCOs, Provider Agencies, and Caregivers are often weighed down with administrative tasks, which can negatively impact their ability to provide high quality care to their members. One of the simplest and most effective ways to increase efficiencies—such as increasing timely access to providers and services—is to make data trackable, reportable, and accessible for analytics.

When data is suddenly accessible and easy to interpret, it empowers providers to maximize their services and efficiency. For example, the HHAX EVV system can track how quickly a member receives PCS and/or HCBS services from the day the authorization is issued, and any ongoing services thereafter. This tracking data can be surfaced in graphical dashboards that allow providers to drill down into the information to identify trends (such as length of time between authorization and receiving care), detect compliance issues, and even discover activity that may be indicative of fraud, waste, or abuse.

When the State requires this level of reporting from the MCOs, it allows for a proactive approach to maximizing efficiency and outcomes for members while minimizing costs for the MCOs and the State.

With **hundreds of standard reports**, as well as the ability to design custom reports as needed throughout the life of the contract, HHAX can generate reports based on State requirements, including:

- Timesheets with identifiers of the healthcare provider and caregiver, date, start/end time of service, services provided, verification that services were provided, and compliance with the Plan of Care
- Verified hour report for payroll
- Scheduling
- Compliance
- Claims filed
- Unpaid encounters
- Reconciliation report
- User system usage
- Enrolled Provider Agencies
- Participants
- Provider Workers
- Login Credentials
- All aggregator system events and activities
- And many more